



A health study for oil spill clean-up workers and volunteers

Mental Health Follow-Up Questionnaire 6-, 12-, 24-Month Follow-Ups

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Part 1: Introductory Scripts (Estimated Burden: 3 Minutes)

SECTION A: Introduction

SECTION 1: Initial Contact

SECTION 1: NO ANSWER

Voicemail Script:

Hi, I'm calling about the oil spill health study also known as the GuLF STUDY, sponsored by the National Institutes of Health. I am trying to reach [PARTICIPANT'S NAME]. I am sorry I missed you and will call you back later. You are also welcome to call us, toll-free at 1-855-644-4853. Thank you.

[TERMINATE CALL]

SECTION 1: ANSWER

Contact Script:

Hi, I'm calling from the GuLF STUDY, the oil spill health study sponsored by the National Institutes of Health. May I please speak to [PARTICIPANT'S NAME]?

A1. CODE ONE OF THE FOLLOWING 7:

1. LEFT PARTICIPANT VOICEMAIL
2. PARTICIPANT TEMPORARILY NOT AVAILABLE → CONTINUE TO A2
3. PARTICIPANT MOVED → GO TO A3
4. PARTICIPANT REACHED (CONTINUE) → GO TO A4
5. PARTICIPANT PREVIOUSLY CONTACTED → GO TO A8
6. PARTICIPANT DECEASED → GO TO B1
7. PARTICIPANT INCAPACITATED → GO TO B13

Participant Temporarily Not Available:

A2. I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?

[SCHEDULE CALL BACK IN CALL SOFTWARE]

[TERMINATE CALL]

Participant Moved:

A3. It is important that we speak to [PARTICIPANT]. Do you have a telephone number or address where [PARTICIPANT'S NAME] can be reached?

- YES 1
- NO 2 [TERMINATE CALL]
- DON'T KNOW 8 [TERMINATE CALL]
- REFUSED 9 [TERMINATE CALL]

A3.a. What is the phone number?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| TEN DIGIT #

- DON'T KNOW 888 888 8888 [GO TO A3.c]
- REFUSED 999 999 9999 [GO TO A3.c]

A3.b. Is this a cell phone number?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

A3.c. What is the address?

- House number: _____ [FREE TEXT FIELD]
- Street name: _____ [FREE TEXT FIELD]
- Apartment number: _____ [FREE TEXT FIELD]
- City: _____ [FREE TEXT FIELD]
- State: _____ [STATE DROP DOWN BOX]
- Zip Code: |__| |__| |__| |__| |__|
- DON'T KNOW 8
- REFUSED 9

A3.d. Thank you.

[TERMINATE CALL]

SECTION A4: Introduction to the Study

[IF PARTICIPANT INITIALLY ANSWERED THE PHONE]

A4. Hi, my name is [INTERVIEWER'S NAME]. Thank you for enrolling in the GuLF STUDY and for completing earlier interviews. About 6 months ago you completed a short additional survey about overall health, mental health and use of health care services and agreed to be contacted for repeated short surveys on the same topic. This next interview should take only 20 to 30 minutes to complete. All of your responses are confidential, and you may refuse to answer any questions. If you complete this survey, you will receive a \$10 gift card.

A4.a. Are you in a place where you can safely talk on the phone?

- YES 1 [GO TO A5]
- NO 2

A4.b. I will attempt to contact you again soon. Thank you for your time.

[TERMINATE CALL]

INTRODUCTION / CONSENT SCRIPTS: CONTINUE FOR ALL PARTICIPANTS

A5. Great! So, if I have your permission, we can get started.

- YES 1 [GO TO SECTION C]
- NO 2 [GO TO A7]
- NEEDS TIME TO CONSIDER 3 [GO TO A6]

SECTION A6: Reschedule

A6. We appreciate your willingness to complete the follow-up interview. When would you like to receive a callback?

[SCHEDULE CALL BACK IN CALL SOFTWARE]

Thank you. We'll call you then. In the meantime, if you have any questions or would like to schedule the interview, you can call us toll-free at 855 NIH GuLF (855-644-4853).

[TERMINATE CALL]

SECTION A7: Response to Refusals

A7.a. May I ask why you do not want to participate?

RECORD REASON – FREE TEXT FIELD

A7.b. WAS A REFUSAL CONVERSION SUCCESSFUL?

YES..... 1 [GO TO SECTION C]

NO..... 2

A7.c. Thank you.

[TERMINATE CALL]

SECTION A8: Previously Contacted

A8. [PARTICIPANT'S NAME], I apologize for the inconvenience. We thank you for speaking with us before. If you have any questions or concerns please, call the study hotline toll-free at 855 NIH GuLF (855-644-4853). Thank you.

[TERMINATE CALL]

SECTION B: Deceased or Incapacitated Participants

SECTION B1: Apparently Deceased Participant

B1. I'm very sorry to hear that. Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will only take about 5 minutes. The information you provide will help us to identify health needs of people involved in oil spills and could change public health responses to similar disasters.

- YES 1
- NO 2 [GO TO B11]
- NEEDS TIME TO CONSIDER 3 [GO TO B12]
- REFUSED 9 [GO TO B11]

SECTION B2: Collection of Information and Confirmation of Identity

B2. Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know. Can you tell me how he/she died?

- YES [FREE TEXT FIELD]
- DON'T KNOW 8
- REFUSED 9

B3. When did he/she die?

[INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING, ASK "Can you tell me the month and year when he/she died?"; ENTER AS MUCH DETAIL AS PROVIDED, FILLING IN DAY AS "EE", "MM", OR "LL" FOR EARLY, MIDDLE, OR LATE, RESPECTIVELY, OR AS 88 IF NO INFORMATION IS PROVIDED ON THE TIMING WITHIN THE MONTH.]

- ____/____/____ [MM/DD/YYYY]
- DON'T KNOW 88 88 8888
- REFUSED 99 99 9999

B4. What state did he/she die in?

- [DROP DOWN BOX OF 50 USA STATES]
- [OUTSIDE OF THE USA] 77
- DON'T KNOW 88
- REFUSED 99

B5. What was his/her address at the time that he/she died?

- House number: [FREE TEXT FIELD]
- Street name: [FREE TEXT FIELD]
- Apartment number: [FREE TEXT FIELD]
- City: [FREE TEXT FIELD]
- State: [STATE DROP DOWN BOX]
- Zip Code: _____
- DON'T KNOW 8
- REFUSED 9

B6. Is there any other address that he/she may have used when he/she enrolled in the GuLF STUDY?

- YES..... 1
- NO..... 2 [GO TO B7]
- DON'T KNOW 8 [GO TO B7]
- REFUSED 9 [GO TO B7]

B6.a. What was it?

- House number: [FREE TEXT FIELD]
- Street name: [FREE TEXT FIELD]
- Apartment number: [FREE TEXT FIELD]
- City: [FREE TEXT FIELD]
- State: [STATE DROP DOWN BOX]
- DON'T KNOW 8
- REFUSED 9

B7. What was his/her social security number?

[PROBE: His/Her social security number will help us link to the correct health records for him/her and help us make sure we have the correct person in our files. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private.]

- |_|_|_| - |_|_| - |_|_|_|_| [GO TO B8]
- DON'T HAVE..... HHH HH HHHH
- DON'T KNOW KKK KK KKKK
- REFUSED RRR RR RRRR [GO TO B8]

B7.a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

- Last 4 numbers of SSN - |_|_|_|_|
- DON'T HAVE..... HHHH
- DON'T KNOW KKKK
- REFUSED RRRR

SECTION: End of Call for Deceased Participants

B8. What was your relationship to him/her?

[PULL-DOWN MENU]

B9. Would you please tell me your name? [SPELL FIRST, MI, THEN LAST NAME]

- FIRST: [FREE TEXT FIELD]
- MI: [FREE TEXT FIELD]
- LAST: [FREE TEXT FIELD]
- REFUSED 9

B9.a. Is there an address and phone number where we can reach you in the future in case we have any questions regarding [PARTICIPANTS NAME] and [his/her] involvement in the oil spill cleanup?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_| TEN DIGIT #

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]

REFUSED 9

B10. Those are all of the questions I have for you. Thank you for taking the time to talk with me today. Do you have any questions for me?

[INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQs]

If you have any other questions about the study, you may call us toll-free at 855-NIH-GuLF (855-644-4853). You can also visit the website at www.gulfstudy.nih.gov.

Thank you again for talking with me. Again, I am sorry for your loss.

[TERMINATE CALL]

SECTION B11: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO B11.a.;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO B11.b.]

SECTION B11.a. I understand you said ...

RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION

If you don't mind, I'd like to make a note of your reason. This information will help us improve the GuLF STUDY.

B11.a.1. [RECORD REASON – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO B2; IF CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO B11.c.]

SECTION B11.b. May I ask why you do not want to answer any questions?

[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO REASON FOR REFUSAL BY STATING THE BENEFITS]

B11.b.1. [RECORD REASON- FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO B2; IF CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO B11.c.]

SECTION B11.c. End of Call for Refusals

B11.c. Thank you for your time. Again, I want to extend my condolences to you.

[TERMINATE CALL]

SECTION B12: Reschedule Call

B12. We appreciate your willingness to consider answering our questions. When might you have time for a 5 minute call?

[SCHEDULE CALL BACK IN CALL SOFTWARE]

Thank you. We'll call you then. In the meantime, if you have any questions you can call us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you for your time. Again, I want to extend my condolences to you.

SECTION B13: Apparently Incapacitated Participant

B13. I'm very sorry to hear that. Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will take only 5 minutes. The information you provide will help us to identify health needs of people involved in oil spills and could change public health responses to similar disasters.

- YES 1
- NO 2 [GO TO B26]
- NEEDS TIME TO CONSIDER 8 [GO TO B28]
- REFUSED 9 [GO TO B26]

SECTION: Collection of Information and Confirmation of Identity

B22. Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know.

What is your relationship to him/her?

[PULL-DOWN MENU]

- SPOUSE 1 [GO TO B23]
- SIBLING 2 [GO TO B23]
- PARENT 3 [GO TO B23]
- GRANDPARENT 4 [GO TO B22a]

AUNT/UNCLE	5 [GO TO B22a]
COUSIN	6 [GO TO B22a]
NEPHEW/NIECE.....	7 [GO TO B22a]
LIFE PARTNER.....	8 [GO TO B23]
DOMESTIC PARTNERSHIP	9 [GO TO B23]
FRIEND.....	10 [GO TO B22a]
GRANDSON/GRANDDAUGHTER	11 [GO TO B22a]
SON/DAUGHTER - ADULT	12 [GO TO B23]
SON/DAUGHTER - MINOR.....	13 [GO TO B22a]
GUARDIAN	14 [GO TO B23]
HEALTH CARE AGENT	15 [GO TO B23]
OTHER LEGAL REPRESENTATIVE.....	16 [GO TO B23]
DON'T KNOW	88 [GO TO B22a]
REFUSED	99 [GO TO B22a]

B22a. Does [PARTICIPANT'S NAME] have an immediate family member (for example his/her spouse or partner, parent, sibling, or adult child) or a legal representative we could speak with about his/her condition and involvement in the oil spill cleanup?

YES	1
NO.....	2 [GO TO B29]
DON'T KNOW.....	8 [GO TO B29]
REFUSED.....	9 [GO TO B29]

B22b. Would you please tell me their name? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____	[FREE TEXT FIELD]
MI: _____	[FREE TEXT FIELD]
LAST: _____	[FREE TEXT FIELD]
REFUSED	9

B22c. Is there a telephone number where s/he can be reached?

_ _ _ _ - _ _ _ _ _ - _ _ _ _ _ TEN DIGIT #	
DON'T KNOW	888 888 8888
REFUSED	999 999 9999

B22d. What is his/her address?

House number: _____	[FREE TEXT FIELD]
Street name: _____	[FREE TEXT FIELD]
Apartment number: _____	[FREE TEXT FIELD]
City: _____	[FREE TEXT FIELD]
State: _____	[STATE DROP DOWN BOX]
Zip Code: _ _ _ _ _	
DON'T KNOW	8
REFUSED	9

[GO TO B30]

B23. Would you please tell me your name? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____	[FREE TEXT FIELD]
MI: _____	[FREE TEXT FIELD]
LAST: _____	[FREE TEXT FIELD]
REFUSED	9

B14. [INTERVIEWER: IF RESPONDENT HAS PROVIDED THE NATURE / CAUSE OF INCAPACITATION] If you don't mind, I'd like a moment to make a note.

B15. [FREE TEXT] [RECORD NATURE/CAUSE OF INCAPACITATION PROVIDED BY RESPONDENT]

[INTERVIEWER: IF THE RESPONDENT HAS NOT PROVIDED THE REASON OF PARTICIPANT INCAPACITATION]

B16. What is the cause of [PARTICIPANT'S NAME] incapacitation?

[FREE TEXT] [RECORD NATURE/CAUSE OF INCAPACITATION PROVIDED BY RESPONDENT]

DON'T KNOW 8

REFUSED 9

B17. When did he/she become incapacitated?

|_|_| / |_|_| / |_|_|_|_| [MM/DD/YYYY]

DON'T KNOW 88 88 8888

REFUSED 99 99 9999

B18. Is there an alternate telephone number where s/he or his/her caretaker can be reached?

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_| TEN DIGIT #

DON'T KNOW 888 888 8888

REFUSED 999 999 9999

B19. What is his/her address?

House number: [FREE TEXT FIELD]

Street name: [FREE TEXT FIELD]

Apartment number: [FREE TEXT FIELD]

City: [FREE TEXT FIELD]

State: [STATE DROP DOWN BOX]

Zip Code: |_|_|_|_|_|

DON'T KNOW 8

REFUSED 9

B20. Is there any other address that he/she may have given when he/she enrolled in the GuLF STUDY?

YES 1

NO 2 [GO TO B21]

DON'T KNOW 8 [GO TO B21]

REFUSED 9 [GO TO B21]

B20.a. What was it?

House number: [FREE TEXT FIELD]

Street name: [FREE TEXT FIELD]

Apartment number: [FREE TEXT FIELD]

City: [FREE TEXT FIELD]

State: [STATE DROP DOWN BOX]

DON'T KNOW 8

REFUSED 9

B21. What is his/her social security number?

[PROBE: His/Her social security number will help us link to the correct health records for him/her. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private.] [PROGRAMMER NOTE: ONLY DISPLAY SSN QUESTIONS IF WE DID NOT OBTAIN FULL SSN DURING THE LAST INTERVIEW].

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_| [GO TO B22]
 DON'T HAVE IT HHH HH HHHH
 DON'T KNOW KKK KK KKKK
 REFUSED RRR RR RRRR [GO TO B22]

B21.a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

Last 4 numbers of SSN - |_|_|_|_|_|
 DON'T HAVE HHHH
 DON'T KNOW KKKK
 REFUSED RRRR

SECTION: End of Call for Incapacitated Participants

B24. Is there an address where we can reach you in the future in case we have any questions regarding [PARTICIPANTS NAME] and [his/her] involvement in the oil spill cleanup?

House number: _____ [FREE TEXT FIELD]
 Street name: _____ [FREE TEXT FIELD]
 Apartment number: _____ [FREE TEXT FIELD]
 City: _____ [FREE TEXT FIELD]
 State: [STATE DROP DOWN BOX]
 Zip Code: |_|_|_|_|_|_|_|_|_|_|
 REFUSED 9

B24.a. What is the best phone number to reach you?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|_|_|_| TEN DIGIT #
 DON'T KNOW 888 888 8888 [GO TO B25]
 REFUSED 999 999 9999 [GO TO B25]

B24.b. Is this number a cellphone?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED 9

B24.c. Is there an alternate number you would like to leave with us?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|_|_|_| TEN DIGIT #
 DON'T KNOW 888 888 8888 [GO TO B25]
 REFUSED 999 999 9999 [GO TO B25]

B24.d. Is this number a cell phone?

YES 1
 NO 2

DON'T KNOW 8
REFUSED 9

B25. Those are all of the questions I have for you. Thank you for taking the time to talk with me today. Do you have any questions for me?

[INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQs]

If you have any other questions about the study, you may call us toll-free at 855-NIH-GuLF (855-644-4853). You can also visit our website at www.gulfstudy.nih.gov.

Thank you again for talking with me. Please don't hesitate to contact us if you have any questions later. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION B26: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO B26.a.;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO B26.b.]

SECTION B26.a: I understand you said ...

RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION

If you don't mind, I'd like to make a note of your reason. This information will help us improve the GuLF STUDY.

B26.a.1. [RECORD REASON – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO B14; IF CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO B28]

SECTION B26.b: May I ask why you do not want to answer any questions?

[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO REASON FOR REFUSAL BY STATING THE BENEFITS]

B26.b.1. [RECORD REASON– FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO B14; IF CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO B27]

SECTION B27. End of Call for Refusals

B27. Thank you for your time. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION B28: Reschedule Call

B28. We appreciate your willingness to consider answering our questions. When might you have time for a 5 minute call?

[SCHEDULE CALL BACK IN CALL SOFTWARE]

Thank you. We'll call you then. In the meantime, if you have any questions you can call us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you for your time.

SECTION B29: Reschedule Call for Appropriate Contact

B29. We appreciate your willingness to answer our questions. We will contact [B22b FIRSTNAME LASTNAME]. If you have any questions you can call us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you again for talking with me. Please don't hesitate to contact us if you have any questions later. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[CALL NEW CONTACT AND RESUME AT B13]

SECTION B30: End Call for Inappropriate Contact

B30. We appreciate your willingness to answer our questions. Unfortunately, since [participant's name] is unable to speak with us, we must speak with someone who is able to make decisions and provide information on his/her behalf. If you can think of anyone we should speak with or if you have any questions, you can call us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you again for talking with me. Please don't hesitate to contact us if you have any questions later. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION C: Background Information

C2. Thank you for agreeing to take part in the study. Before we get started, I would like to confirm your information.

C2a. We have your date of birth as: [PROGRAMMER: DISPLAY DOB ON FILE; INCLUDE CONFIRMATION CHECK IF DOB IS EDITED.]

Date of Birth	DISPLAY DOB
---------------	-------------

ENTER ANY CORRECTIONS TO BE SAVED HERE:
[PROGRAMMER NOTE: INPUT RANGE CHECK TO INCLUDE +/- 20 YEARS FROM PREVIOUS DATE GIVEN, FOR JR./SR. ISSUES]

Date of Birth	MM/DD/YYYY
---------------	------------

C3. Now I would like to confirm your contact information. Can you please confirm the spelling of your name?

[INTERVIEWER NOTE: MAKE ANY CHANGES THAT APPLY]

NAME	DISPLAY NAME
PREFERRED NAME	DISPLAY PREFERRED NAME

C4. Is there an email address you would like to leave with us?
[INTERVIEWER NOTE: IF EMAIL ADDRESS IS DIFFERENT, MAKE ANY CHANGES THAT APPLY. DO NOT DELETE EMAIL ADDRESS IF THEY REFUSE TO LEAVE ONE]

EMAIL	DISPLAY EMAIL
-------	---------------

C5. We have your current address as ... [INTERVIEWER NOTE: READ THE DISPLAYED ADDRESS ALOUD, MAKE ANY CHANGES THAT APPLY]

HOUSE NUMBER	DISPLAY HOUSE NUMBER
STREET NAME	DISPLAY STREET NAME
APARTMENT NUMBER	DISPLAY APARTMENT NUMBER
CITY	DISPLAY CITY
STATE	DISPLAY STATE
ZIP CODE	DISPLAY ZIP CODE

C6. What is the best phone number to reach you at? [INTERVIEWER NOTE: MAKE SURE YOU CHOOSE A CATEGORY FOR EACH NUMBER AND CHECK WHETHER A NUMBER IS A CELL PHONE OR NOT]

PHONE NUMBER 1	DISPLAY PHONE NUMBER 1
PHONE NUMBER 2	DISPLAY PHONE NUMBER 2
PHONE NUMBER 3	DISPLAY PHONE NUMBER 3

C7. Is your mailing address the same as your current address?
 YES..... 1 [CHECK "SAME AS" BOX AND GO TO NEXT TAB]
 NO..... 2

C7a. What is your mailing address?

House number: _____ [FREE TEXT FIELD]
Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: _____ [STATE DROP DOWN BOX]
Zip Code: |__|_|_|_|_|_|

[CLICK NEXT]

C8. Would you like to provide contact information for a person who would know how to reach you in case we have difficulty reaching you in the future?

YES 1
NO 2 [GO TO NEXT TAB]
DON'T KNOW 8 [GO TO NEXT TAB]
REFUSED 9 [GO TO NEXT TAB]

C8a. What is their name?
[POPULATE NAME FIELD]

C8b. What is their relationship to you?
[SELECT FROM DROP DOWN BOX]
DON'T KNOW 8
REFUSED 9

C8c. What is their address?
House number: _____ [FREE TEXT FIELD]
Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: _____ [STATE DROP DOWN BOX]
Zip Code: |__|_|_|_|_|_|
DON'T KNOW 8
REFUSED 9

What is their phone number?
|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_| TEN DIGIT #
DON'T KNOW 888 888 8888
REFUSED 999 999 9999

[CLICK NEXT]

C9. I would like to take a moment to review your information.

[INTERVIEWER NOTE: IF PARTICIPANT AGREES TO REVIEW, READ BACK THEIR UPDATED CONTACT INFORMATION, CLICK SUBMIT, AND CONTINUE WITH SECTION D. IF ANY CHANGES ARE NECESSARY, USE THE BACK BUTTON TO GO BACK AND CORRECT ANY FIELDS. IF PARTICIPANT REFUSES TO CONFIRM, CLICK SUBMIT AND CONTINUE WITH NEXT SECTION]

Part 2: Interview Questions (Estimated Burden: 25 Minutes)

SECTION F: Health

F_Intro. This survey asks for your views about your health and everyday life. This information will help keep track of how you feel and how well you are able to do your usual activities.

If you are unsure about how to answer a question, please give the best answer you can.

This section will focus on your health.

PROMIS-10 Global Health

F1. In general, how would you rate your overall health?

- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW 8
- REFUSED 9

F2. In general, how would you rate your quality of life?

- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW 8
- REFUSED 9

F3. In general, how would you rate your physical health?

- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW 8
- REFUSED 9

F4. In general, how would you rate your mental health, including your mood and ability to think?

- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW 8
- REFUSED 9

F5. In general, how would you rate your satisfaction with your social activities and relationships?

- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW 8
- REFUSED 9

F6. In general, please rate how well you carry out your usual social activities and roles.

[INTERVIEWER PROBE: This includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.]

- Excellent..... 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- DON'T KNOW 8
- REFUSED 9

F7. To what extent are you able to carry out your everyday physical activities? [INTERVIEWER PROBE: Such as walking, climbing stairs, carrying groceries, or moving a chair.]

- Completely 1
- Mostly..... 2
- Moderately 3
- A little 4
- Not at all..... 5
- DON'T KNOW 8
- REFUSED 9

F8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

- Never 1
- Rarely..... 2
- Sometimes 3
- Often 4
- Always..... 5
- DON'T KNOW 8
- REFUSED 9

F9. In the past 7 days, how would you rate your fatigue on average?

- None 1
- Mild 2
- Moderate 3
- Severe..... 4
- Extreme..... 5
- DON'T KNOW 8
- REFUSED 9

F10. In the past 7 days, how would you rate your pain, on average, on a scale 0 to 10, with 0 being no pain and 10 being worst imaginable pain?

- UNITS..... 00-10
- DON'T KNOW 88
- REFUSED 99

F11. Do you mind telling me how much you currently weigh?

- POUNDS [OR]
- KILOGRAMS.....
- DON'T KNOW 888
- REFUSED 999

Access to Healthcare

F43_Intro. Now I would like to ask you a few questions about health insurance.

F43. Do you have any kind of health care coverage? This could include health insurance, membership in a health maintenance organization or HMO, or government plans such as Medicaid, Medicare, TRICARE, Veterans Benefits, or state health care plans?

- YES 1
- NO..... 2 [GO TO F44]
- DON'T KNOW 8 [GO TO F44]
- REFUSED 9 [GO TO F44]

F43.a. Does your health care plan include mental health coverage?

- YES 1
- NO..... 2
- DON'T KNOW 8
- REFUSED 9

F44. Do you have someone you think of as your personal doctor or health care provider?

- YES 1
- NO..... 2 [GO TO F45]
- DON'T KNOW 8 [GO TO F45]
- REFUSED 9 [GO TO F45]

F44.a. Is there more than one person who you think of as your personal doctor or health care provider?

- YES, MORE THAN ONE 1
- NO, JUST ONE PERSON 2
- DON'T KNOW 8
- REFUSED 9

F45. Do you know of a clinic or health care provider where you can go to get medical care?

- YES 1
- NO..... 2
- DON'T KNOW 8
- REFUSED 9

SECTION G: Mental Health

SOCIAL CONTEXT (CDC - Gulf State Population Survey)

G_Intro. Now I am going to ask you some questions about stress and mental health.

G1. During the past 6 months, how often have you been worried or stressed about having enough money to pay your rent or mortgage? Have you been worried or stressed...

- Always..... 1
- Usually 2
- Sometimes 3
- Rarely..... 4
- Never 5
- DON'T KNOW 8
- REFUSED 9

G2. During the past 6 months, how often would you say you were worried or stressed about having enough money to buy food? Would you say you were worried or stressed....

- Always..... 1
- Usually 2
- Sometimes 3
- Rarely..... 4
- Never 5
- DON'T KNOW 8
- REFUSED 9

G3. During the past 6 months, how much have you worried about your future physical health? Would you say...?

- A lot..... 1
- Some..... 2
- A little, or 3
- Not at all..... 4
- DON'T KNOW 8
- REFUSED 9

LIFETIME ANXIETY AND DEPRESSION (CDC - Gulf State Population Survey)

G4_Intro. Now I would like to ask you some questions about any health conditions a doctor may have told you about.

G4. During the past 6 months, has a doctor told you that you have acute stress disorder?

- YES..... 1
- NO..... 2 [GO TO G5]
- DON'T KNOW 8 [GO TO G5]
- REFUSED 9 [GO TO G5]

G5. During the past 6 months, has a doctor told you that you have anxiety or an anxiety disorder?

- YES..... 1
- NO..... 2 [GO TO G6]
- DON'T KNOW 8 [GO TO G6]
- REFUSED 9 [GO TO G6]

G6. During the past 6 months, has a doctor told you that you have panic disorder?

- YES..... 1
- NO..... 2 [GO TO G7]
- DON'T KNOW 8 [GO TO G7]
- REFUSED 9 [GO TO G7]

G7. During the past 6 months, has a doctor told you that you have post-traumatic stress disorder?

- YES..... 1
- NO..... 2 [GO TO G8]
- DON'T KNOW 8 [GO TO G8]
- REFUSED 9 [GO TO G8]

G8. During the past 6 months, has a doctor told you that you have depression?

- YES..... 1
- NO..... 2 [GO TO G9]
- DON'T KNOW 8 [GO TO G9]
- REFUSED 9 [GO TO G9]

PERCEIVED STRESS SCALE (Cohen Perceived Stress Scale)

G9. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never 1
- Almost Never..... 2
- Sometimes 3
- Fairly Often..... 4
- Very Often..... 5
- DON'T KNOW 8
- REFUSED 9

G10. In the last month, how often have you felt confident about your ability to handle your personal problems?

- Never 1
- Almost Never..... 2
- Sometimes 3
- Fairly Often..... 4
- Very Often..... 5
- DON'T KNOW 8
- REFUSED 9

G11. In the last month, how often have you felt that things were going your way?

- Never 1
- Almost Never..... 2
- Sometimes 3
- Fairly Often..... 4
- Very Often 5
- DON'T KNOW 8
- REFUSED 9

G12. In the last month, how often have you felt like difficulties were piling up so high that you could not overcome them?

- Never 1
- Almost Never..... 2
- Sometimes 3
- Fairly Often..... 4
- Very Often 5
- DON'T KNOW 8
- REFUSED 9

Received Mental Health Care (CDC - Gulf State Population Survey)

G13_Intro. The following questions are about mental health care you may have received in the past 6 months.

G13. In the past 6 months, have you received any sort of counseling for problems with your emotions, nerves, or mental health?

- YES 1
- NO..... 2 [GO TO G14]
- DON'T KNOW 8 [GO TO G14]
- REFUSED 9 [GO TO G14]

G13.a. When did you last receive any sort of counseling?

- ____ / ____ [MM/YYYY] 01-12 / 2013-2015
- DON'T KNOW 88 8888
- REFUSED..... 99 9999

G14. During the past 6 months, were you prescribed medication for problems with your emotions, nerves, or mental health?

- YES 1
- NO..... 2 [GO TO G15]
- DON'T KNOW 8 [GO TO G15]
- REFUSED 9 [GO TO G15]

G14.a. When were you last prescribed such medication?

- ____ / ____ [MM/YYYY] 01-12 / 2013-2015
- DON'T KNOW 88 8888
- REFUSED..... 99 9999

Quick Inventory of Depressive Symptoms (Kessler Quick Inventory of Depression - K6)

G15_Intro. The following questions ask about how you have been feeling during the past 30 days. Some of them may sound like ones I've already asked you, but they're a little different and it's important that you answer them as best you can.

G15.a. During the past 30 days, about how often did you feel... Nervous?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

G15.b. Hopeless?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

G15.c. Restless or fidgety?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

G16. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

G17. About how often did you feel that everything was an effort?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

G18. About how often did you feel worthless?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

[PROGRAMMER NOTE: ASK G19 – 23 IF ANY OF G15-G18=1-4, ELSE GO TO SECTION Q]

G19. The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur?

- A lot more often than usual..... 1
- Somewhat more often than usual 2
- A little more often than usual 3
- About the same as usual 4
- A little less often than usual..... 5
- Somewhat less often than usual..... 6
- A lot less often than usual..... 7
- DON'T KNOW 8
- REFUSED 9

G20. During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

- |_|_| 00-30
- DON'T KNOW 88
- REFUSED 99

[PROGRAMMER: OMIT THE FIRST PHRASE (“Not counting the [FILL IN FROM G20] days you just reported,”) IF G20=0, DK, OR MISSING.]

G21. Not counting the [FILL IN FROM G20] days you just reported, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

- |_|_| 00-30
- DON'T KNOW 88
- REFUSED 99

G22. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

- |_|_| NUMBER OF TIMES
- DON'T KNOW 88
- REFUSED 99

G23. During the past 30 days, how often have physical health problems been the main cause of these feelings?

- All of the time..... 1
- Most of the time..... 2
- Some of the time 3
- A little of the time..... 4
- None of the time..... 5
- DON'T KNOW 8
- REFUSED 9

SECTION Q: General Health Scale

Source: SF-12

Q1_Intro. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Q1a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- Yes, limited a lot 1
- Yes, limited a little 2
- No, not limited at all 3
- DON'T KNOW 8
- REFUSED 9

Q1b. Climbing several flights of stairs?

- Yes, limited a lot 1
- Yes, limited a little 2
- No, not limited at all 3
- DON'T KNOW 8
- REFUSED 9

Q2. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Q2a. Accomplished less than you would like?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q2b. Were limited in the kind of work or other activities?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q3_Intro. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems, such as feeling depressed or anxious?

Q3a. Accomplished less than you would like?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q3b. Did work or other activities less carefully than usual?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

Q4. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

- Not at all 1
- A little bit..... 2
- Moderately 3
- Quite a bit..... 4
- Extremely 5
- DON'T KNOW 8
- REFUSED 9

Q5_Intro. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. The choices are: All of the time, Most of the time, A good bit of the time, Some of the time, A little of the time, and None of the time.

Q5. How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	DON'T KNOW	RE-FUSED
Q5a. Have you felt calm and peaceful?	1	2	3	4	5	6	8	9
Q5b. Did you have a lot of energy?	1	2	3	4	5	6	8	9
Q5c. Have you felt downhearted and blue?	1	2	3	4	5	6	8	9

Q6. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, such as visiting friends, relatives, etcetera?

- All of the time..... 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

SECTION R: Resilience Scale
Source: Connor-Davidson Resilience Scale

R1_Intro. Please tell me how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt. Respond to each statement with one of the following choices: Not true at all, Rarely true, Sometimes true, Often true, or True nearly all the time. [INTERVIEWER NOTE: THE FIRST TIME AND AFTER EVERY 5 QUESTIONS, REPEAT RESPONSE OPTIONS.]

- R1. I am able to adapt when changes occur.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9

- R2. I have at least one close and secure relationship that helps me when I am stressed.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9

- R3. When there are no clear solutions to my problems, sometimes fate or God can help.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9

- R4. I can deal with whatever comes my way.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9

R5. Past successes give me confidence in dealing with new challenges and difficulties.

- Not true at all 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R6. I try to see the humorous side of things when I am faced with problems.

- Not true at all 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R7. Having to cope with stress can make me stronger.

- Not true at all 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R8. I tend to bounce back after illness, injury, or other hardships.

- Not true at all 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R9. Good or bad, I believe that most things happen for a reason.

- Not true at all 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

- R10. I give my best effort no matter what the outcome may be.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9
- R11. I believe I can achieve my goals, even if there are obstacles.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9
- R12. Even when things look hopeless, I don't give up.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9
- R13. During times of stress/crisis, I know where to turn for help.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9
- R14. Under pressure, I stay focused and think clearly.
- Not true at all 1
 - Rarely true..... 2
 - Sometimes true 3
 - Often true 4
 - True nearly all the time 5
 - DON'T KNOW 8
 - REFUSED 9

R15. I prefer to take the lead in solving problems rather than letting others make all the decisions.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R16. I am not easily discouraged by failure.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R17. I think of myself as a strong person when dealing with life's challenges and difficulties.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R18. I can make unpopular or difficult decisions that affect other people, if it is necessary.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R21. I have a strong sense of purpose in life.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R22. I feel in control of my life.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R23. I like challenges.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R24. I work to attain my goals no matter what roadblocks I encounter along the way.

- Not true at all..... 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

R25. I take pride in my achievements.

- Not true at all 1
- Rarely true..... 2
- Sometimes true 3
- Often true 4
- True nearly all the time 5
- DON'T KNOW 8
- REFUSED 9

SECTION S: Anxiety Scale

Source: Generalized Anxiety Disorder 7-item scale (GAD-7) – BRFSS Version

S1_Intro. Now I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the last two weeks.

S1. Over the last 2 weeks, how many days have you been nervous, anxious, or on edge?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

S2. Over the last 2 weeks, how many days have you not been able to stop or control worrying?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

S3. Over the last 2 weeks, how many days have you worried too much about different things?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

S4. Over the last 2 weeks, how many days have you had trouble relaxing?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

S5. Over the last 2 weeks, how many days have you been so restless that it was hard to sit still?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

S6. Over the last 2 weeks, how many days have you been easily annoyed or irritable?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

S7. Over the last 2 weeks, how many days have you felt afraid as if something awful might happen?

DAYS..... 01-14
NONE..... 00
DON'T KNOW 88
REFUSED 99

SECTION T: Post-Traumatic Stress Scales

Primary Care PTSD Screener (PC-PTSD): Use at 6-, 12-, and 24-month follow-up

T1_Intro. The following questions are about any traumatic experiences.

T1. During the past 30 days, have you had nightmares about the oil spill or any clean-up efforts you engaged in or thought about it when you did not want to?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

T2. (During the past 30 days, have you ...) Tried hard not to think about the oil spill or any clean-up efforts you engaged in or went out of your way to avoid situations that remind you of it?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

T3. (During the past 30 days, have you ...) Been constantly on guard, watchful, or easily startled?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

T4. (During the past 30 days, have you ...) Felt numb or detached from others, activities, or your surroundings?

- YES..... 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

PTSD Checklist – Specific Version (PCL-S): Use at 6- and 24-month ONLY

T5_Intro. Now I am going to ask you about different problems and complaints you may have had because of the oil spill and any clean-up efforts you engaged in. Please tell me how much you were bothered by each of these problems in the past 30 days. Tell me if you were bothered not at all, a little bit, moderately, quite a bit, or extremely.

In the past 30 days, how often have you been bothered by...?	Not at all	A little bit	Mod-erately	Quite a bit	Ex-tremely	DK	REF
T5a. Repeated, disturbing, and unwanted memories of the oil spill and any clean-up efforts you engaged in?	1	2	3	4	5	8	9

In the past 30 days, how often have you been bothered by...?	Not at all	A little bit	Mod-erately	Quite a bit	Ex-tremely	DK	REF
T5b. Repeated, disturbing dreams of the oil spill and any clean-up efforts you engaged in?	1	2	3	4	5	8	9
T5c. Suddenly feeling or acting as if the oil spill (and any clean-up efforts you engaged in) were happening again, (as if you were actually back there reliving it)?	1	2	3	4	5	8	9
T5d. Feeling very upset when something reminded you of the oil spill and any clean-up efforts you engaged in?	1	2	3	4	5	8	9
T5e. Having strong physical reactions when something reminded you of the oil spill and any clean-up efforts you engaged in (for example, heart pounding, trouble breathing, sweating)?	1	2	3	4	5	8	9
T5f. Avoiding memories, thoughts, or feelings related to the oil spill and any clean-up efforts you engaged in?	1	2	3	4	5	8	9
T5g. Avoiding external reminders of the oil spill and any clean-up efforts you engaged in (for example, people, places, conversations, activities, objects, or situations)?	1	2	3	4	5	8	9
T5h. Trouble remembering important parts of the oil spill and any clean-up efforts you engaged in?	1	2	3	4	5	8	9
T5i. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	1	2	3	4	5	8	9
T5j. Blaming yourself or someone else for the oil spill or what happened after it?	1	2	3	4	5	8	9

In the past 30 days, how often have you been bothered by...?	Not at all	A little bit	Mod-erately	Quite a bit	Ex-tremely	DK	REF
T5k. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	1	2	3	4	5	8	9
T5l. Loss of interest in activities that you used to enjoy?	1	2	3	4	5	8	9
T5m. Feeling distant or cut off from other people?	1	2	3	4	5	8	9
T5n. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	1	2	3	4	5	8	9
T5o. Irritable behavior, angry outbursts, or acting aggressively?	1	2	3	4	5	8	9
T5p. Taking too many risks or doing things that could cause you harm?	1	2	3	4	5	8	9
T5q. Being "super-alert" or watchful or on guard?	1	2	3	4	5	8	9
T5r. Feeling jumpy or easily startled?	1	2	3	4	5	8	9
T5s. Having difficulty concentrating?	1	2	3	4	5	8	9
T5t. Trouble falling or staying asleep?	1	2	3	4	5	8	9

[PROGRAMMER NOTE: IF T5a – T5t ALL = 1, 8, OR 9, GO TO SECTION U. ELSE CONTINUE]

CONSIDER OMITTING T6 – T9 IF NECESSARY

T6. How difficult did [this problem/these problems] make it for you to do your work, take care of things at home, or get along with other people?

- Not at all difficult 1
- Somewhat difficult 2
- Very difficult..... 3
- Extremely difficult 4
- DON'T KNOW 8
- REFUSED 9

T7. When you had [this problem/these problems], how distressing were they for you?

- Not at all distressing 1
- Mildly distressing 2
- Moderately distressing..... 3
- Severely distressing 4
- DON'T KNOW 8
- REFUSED 9

T8. How long have you had [these problems/this problem] because of the oil spill? Would you say a month or less or more than a month?

- A month or less 1
- More than one month 2
- DON'T KNOW 8
- REFUSED 9

T9. [Were these problems/Was this problem] due to any medications or substances that you were taking, or to a physical illness?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

SECTION U: Traumatic Events Scale
Source: Brief Trauma Questionnaire (BTQ)

[PROGRAMMER NOTE: FOR ALL OF SECTION U, FILL EARLIEST PRIOR SAMHSA COMPLETION MONTH AND YEAR: 6-MONTH: September 2013; 12-MONTH: April 2014; 24-MONTH: September 2014]

U1_Intro. Now I would like to ask you some questions about traumatic events you may have experienced since [FILL MONTH YEAR]. Please tell me if you have experienced them and how many times they have occurred.

U1. Since [FILL MONTH YEAR] – about the last 6 months – have you served in a war-zone or in a noncombat job that exposed you to war-related casualties, such as working as a medic or on graves registration duty?

- NEVER 1[GO TO U2]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U2]
- REFUSED 9[GO TO U2]

U2. Since [FILL MONTH YEAR] – about the last 6 months – have you been in a serious car accident, or serious accident at work or somewhere else?

- NEVER..... 1[GO TO U3]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U3]
- REFUSED 9[GO TO U3]

U3. Since [FILL MONTH YEAR] – about the last 6 months – have you been in a major natural disaster, such as a fire, tornado, hurricane, flood, or earthquake?

- NEVER..... 1[GO TO U4]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U4]
- REFUSED 9[GO TO U4]

U4. Since [FILL MONTH YEAR] – about the last 6 months – have you been in a major man-made disaster (other than the Deepwater Horizon oil spill), such as another oil spill, a chemical spill, terrorist event, or airplane or railroad accident?

- NEVER..... 1[GO TO U5]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U5]
- REFUSED 9[GO TO U5]

U5. Since [FILL MONTH YEAR] – about the last 6 months – have you had a life-threatening illness, such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, and so forth?

- NEVER..... 1[GO TO U6]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U6]
- REFUSED 9[GO TO U6]

U7. Since [FILL MONTH YEAR] – about the last 6 months – have you been attacked, beaten up, or mugged by anyone, including friends, family members, or strangers?

- NEVER..... 1[GO TO U7]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U7]
- REFUSED 9[GO TO U7]

U8. Since [FILL MONTH YEAR] – about the last 6 months – have you been in a situation in which someone made or pressured you into having some type of unwanted sexual contact?

- NEVER..... 1[GO TO U8]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U8]
- REFUSED 9[GO TO U8]

U9. Since [FILL MONTH YEAR] – about the last 6 months – have you been in any other situation in which you were seriously injured or in which you feared you might be seriously injured or killed?

- YES..... 1
- NO..... 2[GO TO U9]
- DON'T KNOW 8[GO TO U9]
- REFUSED 9[GO TO U9]

U10. Since [FILL MONTH YEAR] – about the last 6 months – have you witnessed a situation in which someone with whom you were very close was seriously injured or killed, or in which you feared someone would be seriously injured or killed?

- NEVER..... 1[GO TO U10]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U10]
- REFUSED 9[GO TO U10]

U11. Since [FILL MONTH YEAR] – about the last 6 months – have you witnessed a situation in which someone with whom you were not so close was seriously injured or killed or in which you feared someone would be seriously injured or killed?

- NEVER..... 1[GO TO U11]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U11]
- REFUSED 9[GO TO U11]

U12. Since [FILL MONTH YEAR] – about the last 6 months – have any close family members or friends died violently, for example, in a serious car crash, mugging, or attack?

- NEVER..... 1[GO TO U12]
- ONCE..... 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U12]
- REFUSED 9[GO TO U12]

U13. Since [FILL MONTH YEAR] – about the last 6 months – have you experienced the death of any of your children?

- NEVER 1[GO TO U13]
- ONCE 2
- TWICE..... 3
- 3 TIMES 4
- 4 TIMES 5
- 5 TIMES 6
- MORE THAN 5 TIMES 7
- DON'T KNOW 8[GO TO U13]
- REFUSED 9[GO TO U13]

U14. Since [FILL MONTH YEAR] – about the last 6 months – have you experienced a seriously traumatic event not already covered in any of these questions?

- YES 1
- NO 2 [GO TO SECTION V]
- DON'T KNOW 8 [GO TO SECTION V]
- REFUSED 9 [GO TO SECTION V]

U13a. Please describe your experience.

[FREE TEXT FIELD]

- DON'T KNOW 8
- REFUSED 9

SECTION V: Financial Events

Source: Financial Events Scale

V1_Intro. Now I would like to ask you some questions regarding your finances.

V1. During the past 6 months have you...

[INTERVIEWER NOTE: AFTER EVERY 5 QUESTIONS, REPEAT "During the past 6 months have you...".]

Been evicted due to not paying rent?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V2. Received assistance from non-government organizations such as church or community groups?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V3. Applied for federal government disability benefits?

- YES, AND RECEIVED IT 1
- YES, BUT WAS DENIED IT 2
- NO 3
- DON'T KNOW 8
- REFUSED 9

V4. Borrowed money from friends or family to help pay bills?

- YES 1
- NO, I ASKED BUT WAS TURNED DOWN 2
- NO, I DIDN'T ASK 3
- DON'T KNOW 8
- REFUSED 9

V5. Sold possessions or property to raise money?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V6. During the past 6 months has your... spouse or partner began to work outside of the home?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V7. Spouse or partner stopped working outside of the home?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V8. During the past 6 months have you... Cashed in life insurance?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V9. Changed residence to save money, for example, moving somewhere with lower rent, sleeping on a couch with friends or family, living on a boat, etcetera?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V10. Took in a housemate to increase income?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V11. Reduced medical insurance?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V12. Eliminated medical insurance?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V13. During the past 6 months have you... Changed food shopping habits to save money?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V14. Changed eating habits to save money?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V15. Postponed paying property tax?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V16. Postponed paying rent?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V17. Received shut-off warning(s) regarding utilities such as electricity, gas, water, phone, or cable due to late payment?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V18. During the past 6 months ... were your utilities actually shut-off due to late payment or non-payment?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V19. During the past 6 months have you... Cut back on social activities and entertainment expenses?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V20. Postponed major household purchases?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V21. Postponed clothing purchases?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V22. Changed transportation patterns to save money?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

V23. Cut back on charitable donations and/or tithing?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V24. Reduced household utility use?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

V25. During the past 6 months have you taken on additional employment to help meet expenses?

- YES 1
- NO, I SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY 2
- NO, I DIDN'T TRY TO FIND ANY 3
- DON'T KNOW 8
- REFUSED 9

V26. Has your spouse taken on additional employment to help meet expenses?

- YES 1
- NO, HE/SHE SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY 2
- NO, HE/SHE DIDN'T TRY TO FIND ANY 3
- N/A 4
- DON'T KNOW 8
- REFUSED 9

V27. Has your child taken on additional employment to help meet expenses?

- YES 1
- NO, HE/SHE SOUGHT ADDITIONAL EMPLOYMENT, BUT DIDN'T FIND ANY 2
- NO, HE/SHE DIDN'T TRY TO FIND ANY 3
- N/A 4
- DON'T KNOW 8
- REFUSED 9

SECTION W: Social Support Scale

Source: NHANES Social Support Questionnaire 2005-2006

W1_Intro. Now I would like to ask a few questions about your friends and family.

W1. Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?

- YES..... 1
- NO 2
- I DON'T NEED HELP 3
- DON'T KNOW 8
- REFUSED 9

W2. In the last 6 months, who has been helpful in providing you with emotional support?

[CHECK ALL THAT APPLY]

- SPOUSE 10
- DAUGHTER 11
- SON 12
- SISTER/BROTHER 13
- PARENT 14
- OTHER RELATIVE 15
- NEIGHBORS 16
- CO-WORKERS 17
- CHURCH MEMBERS 18
- CLUB MEMBERS 19
- PROFESSIONALS 20
- FRIENDS 21
- OTHER..... 22
- NO ONE 23
- DON'T KNOW 8
- REFUSED 9

W3. In the last 6 months, could you have used more emotional support than you received?

- YES..... 1
- NO..... 2 [GO TO W4]
- DON'T KNOW 8 [GO TO W4]
- REFUSED 9 [GO TO W4]

W3a. Concerning emotional support, would you say that you could have used...?

- A lot more 1
- Some more..... 2
- A little more 3
- DON'T KNOW 8
- REFUSED 9

W4. How often do you attend church or religious services?

|_|_|_| NUMBER OF TIMES PER
DON'T KNOW 888
REFUSED 999

[UNITS]

DAY 1
WEEK 2
MONTH 3
YEAR 4

W5. Is there someone you could count on to help you if you were sick, for example, to take you to the doctor or help you with daily chores?

YES..... 1
NO 2
YES, BUT I WOULDN'T ACCEPT IT 3
DON'T KNOW 8
REFUSED 9

W6. If you need some extra help financially, could you count on anyone to help you, for example, by paying any bills, housing costs, medical expenses, or providing you with food or clothes?

YES..... 1
NO 2
YES, BUT I WOULDN'T ACCEPT IT 3
DON'T KNOW 8
REFUSED 9

W7. In general how many close friends do you have?

[INTERVIEWER PROBE: By "close friends" I mean relatives or non-relatives that you feel at ease with, can talk to about private matters, and can call on for help]

|_|_|_| NUMBER OF CLOSE FRIENDS
DON'T KNOW 88
REFUSED 99

SECTION X: General Social Trust
Source: General Social Survey (GSS)

X1. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

- MOST PEOPLE CAN BE TRUSTED 1
- CAN'T BE TOO CAREFUL..... 2
- OTHER/DEPENDS..... 3
- DON'T KNOW 8
- REFUSED..... 9

X2. Do you think most people would try to take advantage of you if they got the chance, or would they try to be fair?

- TAKE ADVANTAGE OF YOU 1
- TRY TO BE FAIR 2
- OTHER/DEPENDS..... 3
- DON'T KNOW 8
- REFUSED..... 9

X3. Would you say that most of the time people try to be helpful, or that they are mostly just looking out for themselves?

- TRY TO BE HELPFUL 1
- JUST LOOKING OUT FOR THEMSELVES..... 2
- OTHER/DEPENDS..... 3
- DON'T KNOW 8
- REFUSED..... 9

SECTION Y: Collective Efficacy: Social Cohesion Subscale

Source: Browning, Wallace, Feinberg, & Cagney (2006); adapted from Sampson et al., 1997

CONSIDER OMITTING Y1 – Y5 IF NECESSARY

Y1_Intro. Now I have some questions about your neighborhood or community. Answer these questions thinking about your neighborhood. How strongly do you agree or disagree with the following statements?

- Y1. People around here are willing to help their neighbors
- Strongly disagree 1
 - Somewhat disagree..... 2
 - Neither agree nor disagree 3
 - Somewhat agree 4
 - Strongly agree 5
 - DON'T KNOW 8
 - REFUSED 9
- Y2. This is a close-knit neighborhood
- Strongly disagree 1
 - Somewhat disagree..... 2
 - Neither agree nor disagree 3
 - Somewhat agree 4
 - Strongly agree 5
 - DON'T KNOW 8
 - REFUSED 9
- Y3. People in this neighborhood can be trusted
- Strongly disagree 1
 - Somewhat disagree..... 2
 - Neither agree nor disagree 3
 - Somewhat agree 4
 - Strongly agree 5
 - DON'T KNOW 8
 - REFUSED 9
- Y4. People in this neighborhood generally don't get along with each other
- Strongly disagree 5
 - Somewhat disagree..... 4
 - Neither agree nor disagree 3
 - Somewhat agree 2
 - Strongly agree 1
 - DON'T KNOW 8
 - REFUSED 9

Y5. People in this neighborhood do not share the same values

Strongly disagree	5
Somewhat disagree.....	4
Neither agree nor disagree.....	3
Somewhat agree	2
Strongly agree.....	1
DON'T KNOW	8
REFUSED	9

SECTION D: Demographic Measures

- D1. Are you now married, widowed, divorced, separated, never married, or living with a partner?
- MARRIED 1
 - WIDOWED 2
 - DIVORCED 3
 - SEPARATED 4
 - NEVER MARRIED 5
 - LIVING WITH PARTNER 6
 - DON'T KNOW 8
 - REFUSED 9

SECTION J: Socioeconomic Factors

J1. What was your total household income in [6/12 MONTH: "2013"; 24 MONTH: "2014"] before taxes, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth?

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group. Please include all sources of income including wages, salary, commissions, bonuses, tips from all jobs, self-employment income, annuities, interest, dividends, net rental income, royalties, income from estates and trusts, Social Security or Railroad retirement, Supplemental Security Income (SSI), any public assistance or welfare payments, pensions (including retirement, survivor or disability), Veteran's (VA) payments, unemployment compensation, child support or alimony payments.

\$ |__|__|__|,|__|__|__|,|__|__|__| [GO TO J2]
 REFUSED 8888888888
 DON'T KNOW 9999999999

J1a. You may not be able to give us an exact figure for your total household income, but can you tell me if this income in [6/12 MONTH: "2013"; 24 MONTH: "2014"] was . . .

Less than \$10,000 1
 \$10,001 to \$20,000 2
 \$20,001 to \$30,000 3
 \$30,001 to \$40,000 4
 \$40,001 to \$50,000 5
 \$50,001 to \$60,000 6
 \$60,001 to \$70,000 7
 \$70,001 to \$80,000 8
 \$80,001 to \$90,000 9
 \$90,001 to \$100,000 10
 \$100,001 to \$150,000 11
 \$150,001 to \$200,000 12
 More than \$200,001 13
 DON'T KNOW 88
 REFUSED 99

J2. How many people, including yourself, were supported by this income?
 [VERIFY THAT PARTICIPANT HAS INCLUDED HIMSELF/HERSELF IN THE TOTAL NUMBER.]

|__|__| # PEOPLE
 DON'T KNOW 88
 REFUSED 99

[ASK J2a – J2b ONLY IF J2 >1, ELSE GO TO J4]

J2.a. How many of these people were under 18 years old?

|__|__| # PEOPLE
 DON'T KNOW 88
 REFUSED 99

J2.b. How many were 65 or older?

PEOPLE
 DON'T KNOW 88
 REFUSED 99

J4. What is your current work status? Are you working now, temporarily laid off, on sick leave or maternity leave, looking for work, retired, disabled, keeping house, a student, or something else?

WORKING NOW 1
 ONLY TEMPORARILY LAID OFF, SICK LEAVE OR
 MATERNITY LEAVE 2
 LOOKING FOR WORK OR UNEMPLOYED 3 [GO TO K1]
 RETIRED 4 [GO TO K1]
 DISABLED, PERMANENTLY OR TEMPORARILY 5 [GO TO K1]
 KEEPING HOUSE 6 [GO TO K1]
 STUDENT 7 [GO TO K1]
 OTHER 8
 J4.a. Specify: _____
 DON'T KNOW 88 [GO TO K1]
 REFUSED 99 [GO TO K1]

J5. What kind of business or industry do you currently work in?

[FREE TEXT FIELD] TYPE OF BUSINESS
 DON'T KNOW 8
 REFUSED 9

J6. What is your job title or what kind of work do you do?

[FREE TEXT FIELD] TYPE OF WORK
 DON'T KNOW 8
 REFUSED 9

J7. What are your most important activities on this job?

[FREE TEXT FIELD] DUTIES
 DON'T KNOW 8
 REFUSED 9

J8. About how long have you worked for this company, in this job?

NUMBER
 DON'T KNOW 888
 REFUSED 999

UNITS
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

SECTION K: Residential History

K1. How long have you lived at your current address?

- |_|_| NUMBER
- DON'T KNOW 888
- REFUSED 999

- UNITS
- DAYS 1
- WEEKS 2
- MONTHS 3
- YEARS 4

[PROGRAMMER NOTE: IF DURATION AT CURRENT ADDRESS >=TIME SINCE LAST INTERVIEW, GO TO SECTION Z, ELSE GO TO K2.]

[BEGIN REPEATING RECORD]

K2. What address did you live at before that for at least 6 months? [INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER THE FULL ADDRESS, ASK FOR CROSS STREETS AND CITY, STATE, AND NEARBY LANDMARK(S)]

- [ADDRESS FIELDS]
- DON'T KNOW 8
- REFUSED 9 [GO TO SECTION Z]

K2.a. How long did you live at that address?

- |_| / |_| MONTHS / YEARS 00-12 / 00-80
- DON'T KNOW 88 [GO TO SECTION Z]
- REFUSED 99 [GO TO SECTION Z]

[PROGRAMMER NOTE: IF SUM OF DURATIONS AT EACH ADDRESS, INCLUDING CURRENT ADDRESS, >=TIME SINCE LAST INTERVIEW, GO TO SECTION Z, ELSE GO TO K3.]

K3. Did you move in there before or after your last interview in [MONTH/YEAR]?

- BEFORE 1
- AFTER 2 [GO TO K2]
- DON'T KNOW 8
- REFUSED 9

[END REPEATING RECORD]

Part 3: Scripts – Post-Telephone Scripts (Estimated Burden: 2 Minutes)

SECTION Z: Wrap-up

Z_Intro. Thank you for your responses so far. I would like to confirm some additional information and then your interview will be complete.

SECTION: SSN, Addresses and Transition

[PROGRAMMER NOTE: ONLY DISPLAY SSN QUESTIONS IF WE DID NOT OBTAIN FULL SSN DURING THE LAST INTERVIEW].

Z1. What is your social security number? [PROBE: Your social security number will help us keep in touch with you over the years and allow us to link to the correct records about your health. Reporting your social security number is voluntary. We will not share your social security number with others and we will do everything possible to keep it private.]

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_| [GO TO Z2]
DON'T HAVE..... 777 77 7777 [GO TO Z2]
DON'T KNOW 888 88 8888
REFUSED 999 99 9999

Z1.a. Would you be willing to tell me the last four digits of your social security number? The last four digits of your Social Security Number are not unique to you. Other people have those same last four digits. However, it will help us do a better job of keeping up with you and your public health records over the years.

Last 4 numbers of SSN - |_|_|_|_|_|
DON'T HAVE..... 7777
DON'T KNOW 8888
REFUSED 9999

SECTION: Text Messaging Opt-in / Opt-out

[PROGRAMMER NOTE: ONLY DISPLAY Z2 TO PARTICIPANTS WHO SAID NO, DON'T KNOW, OR REFUSED AT THE TELEPHONE ENROLLMENT INTERVIEW (UPDATE TO LAST TELEPHONE INTERVIEW?).]

Z2. Would you like to receive periodic text messages on your mobile phone with GuLF STUDY news and updates? Please note that your cell phone service provider may charge for text messages as part of your individual service plan.

YES 1
NO..... 2 [GO TO Z3]
DON'T KNOW..... 8 [GO TO Z3]
REFUSED 9 [GO TO Z3]

[PROGRAMMER NOTE: DISPLAY Z2.a. FOR PARTICIPANTS WHO SAID YES TO Z2 DURING THIS INTERVIEW OR TO L.1.0.1 DURING THE TELEPHONE ENROLLMENT INTERVIEW.]

Z2.a. Would you please provide me with a mobile phone number that we should use to send you text messages?

SAME PHONE NUMBER CALLED TO REACH PARTICIPANT 1

Phone Number |_|_|_| - |_|_|_| - |_|_|_| TEN DIGIT #

DON'T KNOW 888 888 8888

REFUSED 999 999 9999

Z2.b. Thank you.

SECTION Z3.

Z3. Those are all of the study questions I have for you. Do you have any questions about the study or anything that we discussed today?

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or concerns, you can call our toll-free number and a member of the study staff will assist you. That toll-free number is 855 NIH GuLF (855-644 4853).

[TERMINATE CALL]